24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
CREDO SUPERPAC	C C00507517
	C 600307317
Check if 24-hour report X 48-hour report New report Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Alliance Graphics	10 14 2014
Mailing Address 1101 8th Street, Suite 100	Amount
City State Zip Code	1571.21
Berkeley CA 94710	Transaction ID : SE.16416 Date of Disbursement or Obligation
Purpose of Expenditure Printing Category/ Type	10 14 2014
Name of Federal Candidate Support Off	fice Sought: House District: 00
MITCH MCCONNELL Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought Dis 20	sbursement For: Primary
Full Name of Payee Credo Mobile	Date of Public Distribution/Dissemination
Mailing Address 101 Market Street	10 14 2014
Suite 700	Amount
City State Zip Code	2298.81
San Francisco CA 94105	Transaction ID : SE.16417 Date of Disbursement or Obligation
Purpose of Expenditure Phones Category/ Type	10 14 2014
Name of Federal Candidate Support Of	fice Sought: House District: 00
MITCH MCCONNELL Oppose	President State: KY
	sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	3870.02
•	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Becky Bond [Electronically Filed] Date	10 15 2014
Signature	